

INVITATION TO BID

STATE OF LOUISIANA

DIVISION OF ADMINISTRATION
OFFICE OF STATE PURCHASING

BIDS WILL BE PUBLICLY OPENED:

OCT 18, 2005 10:00 AM

PURCHASING AGENCY NO. : 107001

====> VENDOR NO. :
SOLICITATION : 2203276
FILE NO. : M419431
OPENING DATE : 10/18/05

====> VENDOR NAME AND ADDRESS

**FILL IN VENDOR NUMBER (FEIN), NAME AND
ADDRESS ABOVE, BEFORE SUBMITTING BID.****SEE NO. 8 BELOW. RETURN BID TO**2203276 10/18/05 10:00 AM
M419431OFFICE OF STATE PURCHASING
OFFICE OF STATE PURCHASING
POST OFFICE BOX 94095
BATON ROUGE, LA 70804-9095BUYER : MARIE RUSSELL
BUYER PHONE : (225) 342-8016
DATE ISSUED : 09/22/05
REQ. AGENCY : 326174 FOLD HERE-->
DHH-OFFICE OF PUBLIC HEALTH
AGENCY REQ. NO. : 22080
ISIS REQ. NO. : 1280997
VENDOR PHONE :
FISCAL YEAR : 06
CLASS/SUBCLASS : 96616
SCHEDULED BEGIN DATE : 00/00/00
SCHEDULED END DATE : 00/00/00
T-NUMBER :LAB 10 (BLUE AND RED REV. 8/2005)
NEONATAL SCREENING

TO BE COMPLETED BY VENDOR

1. _____ PLEASE REMOVE FROM THIS COMMODITY CODE.
2. _____ DELIVERY WILL BE MADE IN THIS NUMBER OF DAYS AFTER RECEIPT OF ORDER.
3. _____ % CASH DISCOUNT FOR PROMPT PAYMENT IF MADE WITHIN THIRTY (30) DAYS. CASH DISCOUNTS FOR LESS THAN 30 DAYS OR LESS THAN 1% WILL BE ACCEPTED, BUT WILL NOT BE CONSIDERED IN DETERMINING AWARDS. ON INDEFINITE QUANTITY TERM CONTRACTS, CASH DISCOUNTS WILL BE ACCEPTED AND TAKEN BUT WILL NOT BE CONSIDERED IN DETERMINING AWARDS.
4. _____ BID BOND ATTACHED, _____ CERTIFIED CHECK ATTACHED, _____ OTHER, IF REQUIRED.
5. _____ BID REFERENCE NUMBER. (THIS NUMBER WILL APPEAR ON RESULTING ORDER OR CONTRACT).

INSTRUCTIONS TO BIDDERS

1. READ THE ENTIRE BID, INCLUDING ALL TERMS AND CONDITIONS AND SPECIFICATIONS.
2. ALL BID PRICES MUST BE TYPED OR WRITTEN IN INK. ANY CORRECTIONS, ERASURES OR OTHER FORMS OF ALTERATION TO UNIT PRICES SHOULD BE INITIALED BY THE BIDDER.
3. THIS BID IS TO BE MANUALLY SIGNED IN INK. FOLD HERE-->
4. BID PRICES SHALL INCLUDE DELIVERY OF ALL ITEMS F.O.B. DESTINATION OR AS OTHERWISE PROVIDED. BIDS CONTAINING "PAYMENT IN ADVANCE" OR "C.O.D." REQUIREMENTS MAY BE REJECTED. PAYMENT IS TO BE MADE WITHIN 30 DAYS AFTER RECEIPT OF PROPERLY EXECUTED INVOICE OR DELIVERY, WHICHEVER IS LATER.
5. AMOUNT OF BID BOND REQUIRED: _____ N/A
6. AMOUNT OF PERFORMANCE BOND, IF REQUIRED. _____ OR _____ 0% _____ OF BID.
7. DESIRED DELIVERY: _____ 006WEEKS ARO
8. TO ASSURE CONSIDERATION OF YOUR BID, ALL BIDS AND ADDENDA SHOULD BE RETURNED IN AN ENVELOPE OR PACKAGE CLEARLY MARKED WITH THE BID OPENING DATE AND THE BID NUMBER, OR SUBMITTED IN THE SPECIAL ENVELOPE IF FURNISHED FOR THAT PURPOSE.
9. BIDS SUBMITTED ARE SUBJECT TO PROVISIONS OF THE LAWS OF THE STATE OF LOUISIANA INCLUDING BUT NOT LIMITED TO L.R.S. 39:1551-1736; PURCHASING RULES AND REGULATIONS; EXECUTIVE ORDERS; STANDARD TERMS AND CONDITIONS; SPECIAL CONDITIONS; AND SPECIFICATIONS LISTED IN THIS SOLICITATION.
10. IMPORTANT: BY SIGNING THE BID, THE BIDDER CERTIFIES COMPLIANCE WITH ALL INSTRUCTIONS TO BIDDERS, TERMS, CONDITIONS AND SPECIFICATIONS, AND FURTHER CERTIFIES THAT THIS BID IS MADE WITHOUT COLLUSION OR FRAUD. THIS BID IS TO BE MANUALLY SIGNED IN INK BY A PERSON AUTHORIZED TO BIND THE VENDOR (SEE NO.30). ALL BID INFORMATION SHALL BE MADE WITH INK OR TYPEWRITTEN.

VENDOR PHONE NUMBER:
FAX NUMBER:

TITLE

DATE

SIGNATURE OF AUTHORIZED BIDDER - SEE NO. 30, PAGE 3.
(MUST BE SIGNED)NAME OF BIDDER
(TYPED OR PRINTED)

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11 ADDRESS ALL INQUIRIES AND CORRESPONDENCE TO THE BUYER AT THE PHONE AND ADDRESS SHOWN ABOVE.

12. CONFERENCE:
NA
NA
NA

13. BID FORMS.
ALL WRITTEN BIDS, UNLESS OTHERWISE PROVIDED FOR, MUST BE SUBMITTED ON, AND IN ACCORDANCE WITH, FORMS PROVIDED, PROPERLY SIGNED (SEE NO. 30). BIDS SUBMITTED IN THE FOLLOWING MANNER WILL NOT BE ACCEPTED:
A. BID CONTAINS NO SIGNATURE INDICATING INTENT TO BE BOUND;
B. BID FILLED OUT IN PENCIL; AND
C. BID NOT SUBMITTED ON THE STATE'S STANDARD FORMS.

BIDS MUST BE RECEIVED AT THE ADDRESS SPECIFIED IN THE SOLICITATION PRIOR TO BID OPENING TIME IN ORDER TO BE CONSIDERED. TELEGRAPHIC AND FAX ALTERATIONS TO BIDS RECEIVED BEFORE BID OPENING TIME WILL BE CONSIDERED PROVIDED FORMAL BID AND WRITTEN ALTERATION HAVE BEEN RECEIVED AND TIME-STAMPED BEFORE BID OPENING TIME. ENTIRE BID SHOULD BE RETURNED, EXCEPT ITEM PAGES NOT BID.

14. STANDARDS OF QUALITY.
ANY PRODUCT OR SERVICE BID SHALL CONFORM TO ALL APPLICABLE FEDERAL AND STATE LAWS AND REGULATIONS AND THE SPECIFICATIONS CONTAINED IN THE SOLICITATION. UNLESS OTHERWISE SPECIFIED IN THE SOLICITATION, ANY MANUFACTURER'S NAME, TRADE NAME, BRAND NAME, OR CATALOG NUMBER USED IN THE SPECIFICATION IS FOR THE PURPOSE OF DESCRIBING THE STANDARD OF QUALITY, PERFORMANCE, AND CHARACTERISTICS DESIRED AND IS NOT INTENDED TO LIMIT OR RESTRICT COMPETITION. BIDDER MUST SPECIFY THE BRAND AND MODEL NUMBER OF THE PRODUCT OFFERED IN HIS BID. BIDS NOT SPECIFYING BRAND AND MODEL NUMBER SHALL BE CONSIDERED AS OFFERING THE EXACT PRODUCTS SPECIFIED IN THE SOLICITATION.

15. DESCRIPTIVE INFORMATION.
BIDDERS PROPOSING AN EQUIVALENT BRAND OR MODEL SHOULD SUBMIT WITH THE BID INFORMATION (SUCH AS ILLUSTRATIONS, DESCRIPTIVE LITERATURE, TECHNICAL DATA) SUFFICIENT FOR STATE OF LOUISIANA TO EVALUATE QUALITY, SUITABILITY, AND COMPLIANCE WITH THE SPECIFICATIONS IN THE SOLICITATION. FAILURE TO SUBMIT DESCRIPTIVE INFORMATION MAY CAUSE BID TO BE REJECTED. ANY CHANGE MADE TO A MANUFACTURER'S PUBLISHED SPECIFICATIONS SUBMITTED FOR A PRODUCT SHALL BE VERIFIABLE BY THE MANUFACTURER. IF ITEM(S) BID DO NOT FULLY COMPLY WITH SPECIFICATIONS (INCLUDING BRAND AND/OR PRODUCT NUMBER), BIDDER MUST STATE IN WHAT RESPECT ITEM(S) DEVIATE. FAILURE TO NOTE EXCEPTIONS ON THE BID FORM WILL NOT RELIEVE THE SUCCESSFUL BIDDER(S) FROM SUPPLYING THE ACTUAL PRODUCTS REQUESTED.

16. BID OPENING.
BIDDERS MAY ATTEND THE BID OPENING, BUT NO INFORMATION OR OPINIONS CONCERNING THE ULTIMATE CONTRACT AWARD WILL BE GIVEN AT THE BID OPENING OR DURING THE EVALUATION PROCESS. BIDS MAY BE EXAMINED WITHIN 72 HOURS AFTER BID OPENING. INFORMATION PERTAINING TO COMPLETED FILES MAY BE SECURED BY VISITING THE STATE OF LOUISIANA DURING NORMAL WORKING HOURS. WRITTEN BID TABULATIONS WILL NOT BE FURNISHED.

17. AWARDS.
THE STATE OF LOUISIANA RESERVES THE RIGHT TO AWARD ITEMS SEPARATELY, GROUPED OR ON AN ALL-OR-NONE BASIS AND TO REJECT ANY OR ALL BIDS AND WAIVE ANY INFORMALITIES.

18. PRICES.
UNLESS OTHERWISE SPECIFIED BY THE STATE OF LOUISIANA IN THE SOLICITATION, BID PRICES MUST BE COMPLETE, INCLUDING TRANSPORTATION PREPAID BY BIDDER TO DESTINATION AND FIRM FOR ACCEPTANCE FOR A MINIMUM OF 30 DAYS. IF ACCEPTED, PRICES MUST BE FIRM FOR THE CONTRACTUAL PERIOD. BIDS OTHER THAN F.O.B. DESTINATION MAY BE REJECTED. PRICES SHOULD BE QUOTED IN THE UNIT (EACH, BOX, CASE, ETC.) AS SPECIFIED IN THE SOLICITATION.

19. DELIVERIES.
BIDS MAY BE REJECTED IF THE DELIVERY TIME INDICATED IS LONGER THAN THAT SPECIFIED IN THE SOLICITATION.

20. TAXES.
VENDOR IS RESPONSIBLE FOR INCLUDING ALL APPLICABLE TAXES IN THE BID PRICE. STATE AGENCIES ARE EXEMPT FROM ALL STATE AND LOCAL SALES AND USE TAXES.

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<p>21. NEW PRODUCTS. UNLESS SPECIFICALLY CALLED FOR IN THE SOLICITATION, ALL PRODUCTS FOR PURCHASE MUST BE NEW, NEVER PREVIOUSLY USED, AND THE CURRENT MODEL AND/OR PACKAGING. NO REMANUFACTURED, DEMONSTRATOR, USED OR IRREGULAR PRODUCT WILL BE CONSIDERED FOR PURCHASE UNLESS OTHERWISE SPECIFIED IN THE SOLICITATION. THE MANUFACTURER'S STANDARD WARRANTY WILL APPLY UNLESS OTHERWISE SPECIFIED IN THE SOLICITATION.</p> <p>22. CONTRACT RENEWALS. UPON AGREEMENT OF THE STATE OF LOUISIANA AGENCY AND THE CONTRACTOR, A TERM CONTRACT MAY BE EXTENDED FOR 2 ADDITIONAL 12-MONTH PERIODS AT THE SAME PRICES, TERMS AND CONDITIONS. IN SUCH CASES, THE TOTAL CONTRACT TERM CANNOT EXCEED 36 MONTHS.</p> <p>23. CONTRACT CANCELLATION. THE STATE OF LOUISIANA HAS THE RIGHT TO CANCEL ANY CONTRACT, IN ACCORDANCE WITH PURCHASING RULES AND REGULATIONS, FOR CAUSE, INCLUDING BUT NOT LIMITED TO, THE FOLLOWING: (1) FAILURE TO DELIVER WITHIN THE TIME SPECIFIED IN THE CONTRACT; (2) FAILURE OF THE PRODUCT OR SERVICE TO MEET SPECIFICATIONS, CONFORM TO SAMPLE QUALITY OR TO BE DELIVERED IN GOOD CONDITION; (3) MISREPRESENTATION BY THE CONTRACTOR; (4) FRAUD, COLLUSION, CONSPIRACY OR OTHER UNLAWFUL MEANS OF OBTAINING ANY CONTRACT WITH THE STATE; (5) CONFLICT OF CONTRACT PROVISIONS WITH CONSTITUTIONAL OR STATUTORY PROVISIONS OF STATE OR FEDERAL LAW; (6) ANY OTHER BREACH OF CONTRACT.</p> <p>24. DEFAULT OF CONTRACTOR. FAILURE TO DELIVER WITHIN THE TIME SPECIFIED IN THE BID WILL CONSTITUTE A DEFAULT AND MAY CAUSE CANCELLATION OF THE CONTRACT. WHERE THE STATE HAS DETERMINED THE CONTRACTOR TO BE IN DEFAULT, THE STATE RESERVES THE RIGHT TO PURCHASE ANY OR ALL PRODUCTS OR SERVICES COVERED BY THE CONTRACT ON THE OPEN MARKET AND TO CHARGE THE CONTRACTOR WITH COST IN EXCESS OF THE CONTRACT PRICE. UNTIL SUCH ASSESSED CHARGES HAVE BEEN PAID, NO SUBSEQUENT BID FROM THE DEFAULTING CONTRACTOR WILL BE CONSIDERED.</p> <p>25. ORDER OF PRIORITY. IN THE EVENT THERE IS A CONFLICT BETWEEN THE INSTRUCTIONS TO BIDDERS OR STANDARD CONDITIONS AND THE SPECIAL CONDITIONS, THE SPECIAL CONDITIONS SHALL GOVERN.</p> <p>26. APPLICABLE LAW. ALL CONTRACTS SHALL BE CONSTRUED IN ACCORDANCE WITH AND GOVERNED BY THE LAWS OF THE STATE OF LOUISIANA.</p> <p>27. COMPLIANCE WITH CIVIL RIGHTS LAWS. BY SUBMITTING AND SIGNING THIS BID, BIDDER AGREES TO ABIDE BY THE REQUIREMENTS OF THE FOLLOWING AS APPLICABLE: TITLE VI AND VII OF THE CIVIL RIGHTS ACT OF 1964, AS AMENDED BY THE EQUAL OPPORTUNITY ACT OF 1972, FEDERAL EXECUTIVE ORDER 11246, FEDERAL REHABILITATION ACT OF 1973, AS AMENDED, THE VETERAN'S READJUSTMENT ASSISTANCE ACT OF 1974, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, THE AGE ACT OF 1975, AND BIDDER AGREES TO ABIDE BY THE REQUIREMENTS OF THE AMERICANS WITH DISABILITIES ACT OF 1990. BIDDER AGREES NOT TO DISCRIMINATE IN ITS EMPLOYMENT PRACTICES, AND WILL RENDER SERVICES UNDER ANY CONTRACT ENTERED INTO AS A RESULT OF THIS SOLICITATION WITHOUT REGARD TO RACE, COLOR, RELIGION, SEXUAL ORIENTATION, NATIONAL ORIGIN, VETERAN STATUS, POLITICAL AFFILIATION, OR DISABILITIES. ANY ACT OF DISCRIMINATION COMMITTED BY BIDDER, OR FAILURE TO COMPLY WITH THESE STATUTORY OBLIGATIONS WHEN APPLICABLE, SHALL BE GROUNDS FOR TERMINATION OF ANY CONTRACT ENTERED INTO AS A RESULT OF THIS SOLICITATION.</p> <p>28. SPECIAL ACCOMMODATION. ANY "QUALIFIED INDIVIDUAL WITH A DISABILITY" AS DEFINED BY THE AMERICANS WITH DISABILITIES ACT WHO HAS SUBMITTED A BID AND DESIRES TO ATTEND THE BID OPENING, MUST NOTIFY THIS OFFICE IN WRITING NOT LATER THAN SEVEN DAYS PRIOR TO THE BID OPENING DATE OF THEIR NEED FOR SPECIAL ACCOMMODATIONS. IF THE REQUEST CANNOT BE REASONABLY PROVIDED, THE INDIVIDUAL WILL BE INFORMED PRIOR TO THE BID OPENING.</p> <p>29. INDEMNITY. CONTRACTOR AGREES, UPON RECEIPT OF WRITTEN NOTICE OF A CLAIM OR ACTION, TO DEFEND THE CLAIM OR ACTION, OR TAKE OTHER APPROPRIATE MEASURE, TO INDEMNIFY, AND HOLD HARMLESS, THE STATE, ITS OFFICERS, ITS AGENTS AND ITS EMPLOYEES FROM AND AGAINST ALL CLAIMS AND ACTIONS FOR BODILY INJURY, DEATH OR PROPERTY DAMAGES CAUSED BY THE FAULT OF THE CONTRACTOR, ITS OFFICERS, ITS AGENTS, OR ITS EMPLOYEES. CONTRACTOR IS OBLIGATED TO INDEMNIFY ONLY TO THE EXTENT OF THE FAULT OF THE CONTRACTOR, ITS OFFICERS, ITS AGENTS, OR ITS EMPLOYEES. HOWEVER, THE CONTRACTOR SHALL HAVE NO OBLIGATION AS SET FORTH ABOVE WITH RESPECT TO ANY CLAIM OR ACTION FROM BODILY INJURY, DEATH OR PROPERTY DAMAGES ARISING OUT OF THE FAULT OF THE STATE, ITS OFFICERS, ITS AGENTS OR ITS EMPLOYEES.</p> <p>30. SIGNATURE AUTHORITY. IN ACCORDANCE WITH L.R.S. 39:1594 (ACT 121), THE PERSON SIGNING THE BID MUST BE:</p> <ol style="list-style-type: none"> 1. A CURRENT CORPORATE OFFICER, PARTNERSHIP MEMBER OR OTHER INDIVIDUAL SPECIFICALLY AUTHORIZED TO SUBMIT A BID AS REFLECTED IN THE APPROPRIATE RECORDS ON FILE WITH THE SECRETARY OF STATE; OR 2. AN INDIVIDUAL AUTHORIZED TO BIND THE VENDOR AS REFLECTED BY A CORPORATE RESOLUTION, CERTIFICATE OR AFFIDAVIT; OR 3. OTHER DOCUMENTS INDICATING AUTHORITY WHICH ARE ACCEPTABLE TO THE PUBLIC ENTITY. 			

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1 BID DELIVERY INSTRUCTIONS FOR STATE PURCHASING:

BIDDERS ARE HEREBY ADVISED THAT THE U.S. POSTAL SERVICE DOES NOT MAKE DELIVERIES TO OUR PHYSICAL LOCATION.

BIDS MAY BE MAILED THROUGH THE U.S. POSTAL SERVICE TO OUR BOX AT:
 OFFICE OF STATE PURCHASING
 P O BOX 94095
 BATON ROUGE LA 70804-9095

BIDS MAY BE DELIVERED BY HAND OR COURIER SERVICE TO OUR PHYSICAL LOCATION AS FOLLOWS:

OFFICE OF STATE PURCHASING
 CLAIBORNE BUILDING, SUITE 2-160
 1201 NORTH THIRD STREET
 BATON ROUGE, LA 70802

BIDDER IS SOLELY RESPONSIBLE FOR ENSURING THAT ITS COURIER SERVICE PROVIDER MAKES INSIDE DELIVERIES TO OUR PHYSICAL LOCATION. THE OFFICE OF STATE PURCHASING IS NOT RESPONSIBLE FOR ANY DELAYS CAUSED BY THE BIDDER'S CHOSEN MEANS OF BID DELIVERY.

BIDDER IS SOLELY RESPONSIBLE FOR THE TIMELY DELIVERY OF ITS BID. FAILURE TO MEET THE BID OPENING DATE & TIME SHALL RESULT IN REJECTION OF THE BID.

 PUBLICIZING AWARDS. IN ACCORDANCE WITH L.A.C.34:I.535, UNSUCCESSFUL BIDDERS WILL BE NOTIFIED OF THE AWARD PROVIDED THAT THEY SUBMIT WITH THEIR BID A SELF-ADDRESSED STAMPED ENVELOPE REQUESTING THIS INFORMATION.

ATTENTION:

RECEIPT OF A SOLICITATION OR AWARD CANNOT BE RELIED UPON AS AN ASSURANCE OF RECEIVING FUTURE SOLICITATIONS. IN ORDER TO RECEIVE FUTURE SOLICITATIONS/AWARDS FROM THIS OFFICE, YOU MUST ENROLL IN THE PROPER CATEGORY ON LAPAC OR ON STATE PURCHASING'S AGPS BIDDERS LIST. ENROLLMENT IN LAPAC IS FREE AND PROVIDES EMAIL NOTIFICATION OF BID OPPORTUNITIES BASED UPON COMMODITIES THAT YOU SELECT.

REPURCHASE CLAUSE:
 REPURCHASE/REPRINTS - AT THE OPTION OF OFFICE OF PUBLIC HEALTH AND WITH THE CONTRACTOR'S ACCEPTANCE, REPRINTS MAY BE PURCHASED DURING THE ONE YEAR PERIOD FOLLOWING ISSURANCE OF THE PURCHASE ORDER. SHOULD THE ENTIRE QUANTITY BE ORDRED, THE ORIGINAL PURCHASE PRICE WOULD APPLY. ALL TERMS AND CONDITIONS OF THE ORIGINAL ORDER WILL APPLY TO ALL REPRINTS. SHOULD THE AGENCY DESIRE LESSER QUANTITIES, PRICES AS QUOTED BELOW WOULD APPLY. PRICES WOULD APPLY TO THE COMBINED QUANTITY OF LAB 10 BLUE AND RED FORMS.

ANY REPURCHASE WOULD BE CONTINGENT UP VENDOR'S AGREEMENT AT THE TIME

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OF THE REPURCHASE.

25,000 - 50,000:	\$	
50,001 - 75,000:	\$	
75,001 - 100,000:	\$	
100,001 - 110,000:	\$	

2 PREFERENCE. IN ACCORDANCE WITH LOUISIANA REVISED STATUTES 39:1595, A PREFERENCE MAY BE ALLOWED FOR PRODUCTS MANUFACTURED, PRODUCED, GROWN, OR ASSEMBLED IN LOUISIANA OF EQUAL QUALITY.

DO YOU CLAIM THIS PREFERENCE? YES _____

SPECIFY LINE NUMBER(S) : _____

SPECIFY LOCATION WITHIN LOUISIANA WHERE THIS PRODUCT IS MANUFACTURED, PRODUCED, GROWN OR ASSEMBLED: _____

(NOTE: IF MORE SPACE IS REQUIRED, INCLUDE ON SEPARATE SHEET.)

DO YOU HAVE A LOUISIANA BUSINESS WORKFORCE? YES _____ NO _____

IF SO, DO YOU CERTIFY THAT AT LEAST FIFTY PERCENT (50%) OF YOUR LOUISIANA BUSINESS WORKFORCE IS COMPRISED OF LOUISIANA RESIDENTS?

YES _____ NO _____

FAILURE TO SPECIFY ABOVE INFORMATION MAY CAUSE ELIMINATION FROM PREFERENCES. PREFERENCES SHALL NOT APPLY TO SERVICE CONTRACTS.

3 CERTIFICATION OF NO SUSPENSION OR DEBARMENT. BY SIGNING AND SUBMITTING ANY BID FOR \$100,000 OR MORE, THE BIDDER CERTIFIES THAT THEIR COMPANY, ANY SUBCONTRACTORS, OR PRINCIPALS ARE NOT SUSPENDED OR DEBARRED BY THE GENERAL SERVICES ADMINISTRATION (GSA) IN ACCORDANCE WITH THE REQUIREMENTS IN OMB CIRCULAR A-133.

A LIST OF PARTIES WHO HAVE BEEN SUSPENDED OR DEBARRED CAN BE VIEWED VIA THE INTERNET AT WWW.ARNET.GOV/EPLS

4 THE STATE OF LOUISIANA, WITH THE ACCEPTANCE OF THE CONTRACTOR, RESERVES THE RIGHT TO REPURCHASE THE ABOVE ITEM(S) AT THE SAME PRICE, TERM AND CONDITIONS SHOWN FOR A PERIOD OF ONE (1) YEAR FROM THE DATE OF THE ORIGINAL PURCHASE ORDER.

5 ALL ART, COLOR SEPARATIONS, FILM, NEGATIVES, TAPES, FLOPPY DISKS, SPECIAL PLATES AND DIES ARE TO BECOME THE PROPERTY OF THE STATE OF LOUISIANA. SUCCESSFUL VENDOR IS TO FORWARD THESE TO THE AGENCY UPON COMPLETION OF THIS JOB.

6 OVERRUNS AND UNDERRUNS-UNDER ORDINARY CONDITIONS, THE STATE OF LOUISIANA WILL APPROVE AN UNDERRUN OR OVERRUN NOT TO EXCEED:

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UP	TO	50,000	-	10%
50,001	TO	100,000	-	8%
100,001	TO	300,000	-	4%
300,001	TO	500,000	-	3%
500,001	AND	OVER	-	2%

- 7 QUALITY OF WORKMANSHIP AND STOCK-ALL ARTICLES FURNISHED AND WORK DONE MUST BE OF A FIRST CLASS QUALITY. THE USE OF POOR TYPE, POOR PRESSWORK OR THE USE OF A DIFFERENT COLOR OF INK FROM THAT ORDERED, INFERIOR BINDING, INFERIOR QUALITY OR MIS-MATCHED PAPER STOCK, A LESSER GRADE OF PAPER THAN THAT ORDERED, OR ANY OTHER DISCREPANCIES WILL BE SUFFICIENT CAUSE FOR THE REJECTION OF THE WORK AND FOR REFUSAL OF PAYMENT UNTIL THE CONTRACT CONTROVERSY IS RESOLVED.

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	UNLESS SPECIFIED ELSEWHERE SHIP TO: DHH-OFFICE OF PUBLIC HEALTH DOA FORMS MANAGEMENT 950 BRICKYARD LANE BATON ROUGE , LA 70802				
00001	COMMODITY CODE: 966-16-000000 PRINTING OF LAB 10 BLUE (REV. 8/2005) NEONATAL SCREENING, PER SPECIFICATIONS AND SPECIAL CONDITIONS ATTACHED. SIX-PART CARBONLESS SNAPSET SIZE: OVERALL SIZE- 10 3/16" X 7" (THIS INCLUDES THE 3/4" STUB AT LEFT, THE TIPPED-ON FILTER PAPER ON PART 5, AND PART 6, WHICH FOLDS OVER TO COVER THE FILTER PAPER.) PARTS 1 TO 4: 6 3/4" X 7" (INCLUDING STUB) PART 1 - 15-LB. WHITE CB-LABORATORY PART 2 - 14-LB. PINK CF-LABORATORY PART 3 - 14-LB. YELLOW CFB-CHART COPY PART 4 - 15-LB. BLUE CF-PARENT'S COPY MARGINAL WORDS PRINTED AT BOTTOM IN RED. PART 5 - 100-LB. WHITE TAG, SIZE 7" X 7" WITH FILTER PAPER (SIZE 2" X 7") TIPPED ONTO RIGHT EDGE OF TAG STOCK. FILTER PAPER EXTENDS 1 7/16" PAST THE EDGE OF TAG STOCK. PART 6 - 28-LB. BUFF LEDGER WRAP AROUND COVER, SIZE 10-3/16" X 7", WRAP AROUND COVER WITH SCORED FOLD-OVER, WHICH MEASURES 1-9/16". {THE FOLD OVER MUST COMPLETELY COVER THE TIPPED-ON FILTER PAPER (PART 5) TO PREVENT UNINTENTIONAL EXPOSURE OF THE SAMPLE(S).} BIO-HAZARD EMBLEM WILL APPEAR ON FOLD OVER. PART 6 WILL BE SHIPPED PRE-FOLDED FROM VENDOR. THE FILTER PAPER IS TO HAVE A VERTICAL PERFORATION 1-1/2" FROM RIGHT EDGE AND A HORIZONTAL PERFORATION 2-1/2" FROM TOP;	70	M		

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	<p>THE HORIZONTAL PERFORATION ONLY EXTENDS 1-1/2" (UNTIL IT MEETS THE VERTICAL PERFORATION.).</p> <p>FILTER PAPER MUST MEET ASTM GUIDELINE D646-67. BIOLOGICALLY INACTIVE INK MUST BE USED FOR PRINTING THE FILTER PAPER.</p> <p>VENDOR TO PROVIDE PROOF THAT THE FILTER PAPER USED IN THE FORMS HAS PASSED THE CENTERS FOR DISEASE CONTROL (CDC) QUALITY ASSURANCE TESTING PROGRAM.</p> <p>THIS FILTER PAPER IS A MEDICAL DEVICE FOR THE COLLECTION OF BLOOD SAMPLES, AND THERE MUST BE STRICT ADHERENCE TO THE FOLLOWING REQUIREMENTS:</p> <p>1) USE OF BIOLOGICALLY INACTIVE INK. 2) NO CALLENDERING OR "SMOOTHING" OF THE COLLECTION PAPER.</p> <p>COMPOSITION: PARTS 1-4 PRINTED SAME, BLACK AND RED INK. PART 5 (WHITE TAG PORTION) PRINTED ON BACK ONLY IN BLACK INK. FILTER PAPER PRINTED ON BOTH FRONT AND BACK IN BLACK INK.</p> <p>FORM IS TO BE COLOR CODED WITH A BLUE STRIPE PRINTED ON THE STUB.</p> <p>FORM IS TO BE CONSECUTIVELY NUMBERED WITH RED INK IN THE BOTTOM RIGHT CORNER OF PARTS 1-4. THE FILTER PAPER HAS THE SAME CONSECUTIVE NUMBER, BUT IS PRINTED IN BLACK.</p> <p>FORMS ARE TO BE SCORED HORIZONTALLY 3-1/2" FROM TOP EDGE TO ALLOW FOR FOLDING IN CENTER OF PAGES FOR MAILING. THE LETTER "B" NEEDS TO BE IMPRINTED AT THE BOTTOM OF FORM (SEE ILLUSTRATION).</p> <p>BEGINNING NUMBER 046900 THERE ARE TO BE NO MISSING NUMBERS & VENDOR MUST GUARANTEE NO DUPLICATE NUMBERING.</p> <p>QUANTITY: 70,000 FROM SHRINK-WRAPPED IN PACKAGES OF 200. VENDOR RESPONSIBLE FOR TYPESETTING.</p>				

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	<p>POST-PRINTING QUALITY CONTROL:</p> <p>_____ AFTER PRINTING & COLLATING, SAMPLE THE COMPLETED PRINT RUN AS DESCRIBED BELOW.</p> <p>_____ VISUAL INSPECTION:</p> <p>SELECT ONE FORM & VERIFY THAT THE LAYOUT AND PRINTED INFORMATION MATCHES THE APPROVED PRINTER'S PROOF.</p> <p>SAMPLE FOLLOWING ANSI/ASQC Z1.4-1993, AQL 1.0%, LEVEL 2-3 FOR THE FOLLOWING CHARACTERISTICS: DIMENSIONS MATCH THE APPROVED PRINTER'S PROOF; BARCODE READ-SABILITY, REGISTRATION OF PRINTED CIRCLES FRONT & BACK, AND ALIGNMENT OF CASSETTE OPENING FRONT AND BACK.</p> <p>FUNCTIONAL INSPECTION:</p> <p>SAMPLE FOLLOWING ANSI/ASQC Z1.4-1993, AQL 1.0%, LEVEL S-3 FOR THE FOLLOWING CHARACTERISTICS.</p> <p>BLOOD ABSORBENCY TIME MEASURED FOR BLOOD SPOTS PRODUCED BY 100 UL ALIQUOTS OF BLOOD (HEMATOCRIT 55 +/- 1%). THE ABSORBENCY TIME TARGET IS 12 SECONDS WITH A RANGE OF 5 SECONDS TO 30 SECONDS REFER TO NCCLS CONSENSUS DOCUMENT, LA4-A3, VOL. 17, NO. 16 PARAGRAPH B3.6.</p> <p>ALIQUOT DIAMETER MEASURED FOR BLOOD SPOT PRODUCED BY 100 UL ALIQUOTS OF BLOOD (HEMATOCRIT 55 +/- 1%). THE DIAMETER TARGET IS 16 MM WITH REFERENCE RANGE OF 15 MM TO 17 MM. REFER TO NCCLS CONSENSUS DOCUMENT, LA4-A3, VOL.17,NO 16 PARG B3.6</p> <p>CALIPER MEASURED TO DEMONSTRATE THAT THE PRINTING PROCESS DID NOT CALENDAR THE PAPER. THE TARGET AND RANGE IS THE SAME AS THE SPECIFICATION OF THE PAPER BEFORE PRINTING.</p> <p>DATA PACKAGE:</p> <p>THE SUPPLIER SHALL MAINTAIN QUALITY RECORDS DEMONSTRATING CONFORMANCE TO THE REQUIREMENTS OF THE ORDER AND MAKE THEM AVAILABLE TO THE CUSTOMER UPON REQUEST.</p>				

PRICE SHEET		INVITATION TO BID			
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LINE NO.	COMMODITY/SERVICE DESCRIPTION	QUANTITY FROM/TO	UNIT	UNIT PRICE	EXTENDED TOTAL
	<p>THE SUPPLIER SHALL PROVIDE A DOCUMENTATION PACKAGE WITH THE SHIPMENT CONSISTING OF THE FOLLOWING ITEMS:</p> <p>A CERTIFICATION THAT THE PAPER CONFORMS TO THE FOLLOWING SPECIFICATION (REFER TO NCCLS CONSENSUS DOCUMENT, LA4-A3, VOL. 17, NO. 16, APPENDIX C): THE PAPER IS MADE OF 100% PURE COTTON FIBER WITH NO WET STRENGTH ADDITIVES, THE BASIS WEIGHT IS 110 1B+5% PER REAM, THE PH IS 5.7 TO 7.5, AND THE ASH CONTENTS IS 0.1% MAXIMUM.</p> <p>A CERTIFICATION THAT THE PAPER LOT CONFORMS TO THE FOLLOWING PHYSICAL PROPERTY REQUIREMENTS (REFER TO NCCLS CONSENSUS DOCUMENT, LA4-A3, VOL. 17, NO. 16, PARAGRAPH 4.2.1): ABSORPTION CAPACITY, HOMOGENEITY OF THE LOT, CIRCLE DIAMETER FOR THE DRIED BLOOD ALIQUOT, AND ABSORPTION TIME FOR A 100 UL BLOOD ALIQUOT.</p> <p>A CERTIFICATION THAT THE POST-PRINTING VISUAL AND FUNCTIONAL TESTS HAVE BEEN CONDUCTED SATISFACTORILY.</p> <p>A LIST OF MISSING NUMBERS FOR THE CARDS SELECTED FOR QUALITY CONTROL</p> <p>A CERTIFICATION THAT THE SUPPLIER COMPLIES WITH THE FDA QUALITY SYSTEM REGULATION, TITLE 21 CODE OF FEDERAL REGULATIONS PART 820. REFER TO NCCLS CONSENSUS DOCUMENT, LA4-A3, VOL. 17, NO. 16 PARAGRAPH 5.2.1.</p> <p>A COPY OF THE MANUFACTURER'S FDA DEVICE ESTABLISHMENT REGISTRATION. REFER TO NCCLS CONSENSUS DOCUMENTS, LA4-A3, VOL. 17, NO. 16, PARG 5.2.1.</p> <p>SUCCESSFUL VENDOR MUST SUBMIT A BLUE LINE PROOF OF FORM PRIOR TO PRINTING TO:</p> <p>CHARLIE MYERS GENETIC DISEASES PROGRAM 325 LOYOLA AVE., ROOM 308 NEW ORLEANS, LA 70112</p>				

PRICE SHEET		INVITATION TO BID			
NUMBER : 2203276 OPEN DATE : 10/18/05 TIME: 10:00 AM T-NUMBER :		BIDDER:			PAGE 11
LINE NO.	COMMODITY/SERVICE DESCRIPTION	QUANTITY FROM/TO	UNIT	UNIT PRICE	EXTENDED TOTAL
00002	COMMODITY CODE: 966-16-000000 PRINTING OF LAB 10 RED (REV. 8/2005) NEONATAL SCREENING, PER SPECIFICATIONS AND SPECIAL CONDITIONS ATTACHED. SIX-PART CARBONLESS SNAPSET THE LAB 10 RED IS EXACTLY THE SAME AS LAB 10 BLUE (LINE 00001), EXCEPT FOR THE FOLLOWING CHANGES: FORM IS TO BE COLOR CODED WITH A RED STRIPE PRINTED ON THE STUB, RATHER THAN BLUE. THE LETTER "R" IS TO BE PRINTED AT BOT- TOM OF THE FORM (LAB 10 BLUE HAS A "B"). BEGINNING NUMBER STARTS WHERE BLUE ORDER ENDS. GUARANTEE NO MISSING NUMBERS AND WILL ALSO GUARANTEE NO DUPLICATION OF NUMBERS QUANTITY: 35,000 FORMS SHRINK-WRAPPED IN IN PACKAGES OF 200. PROOF OF THIS FORM MUST ALSO BE SENT TO SAME PERSON AS ON LAB-10 BLUE FORM. PROOF REQUIRED. PROOF TO BE FAXED TO: CHARLIE MYERS (337) 262-5234 AND KIM SILVIO (225) 342-8660 ***** NOTE: REPURCHASE CLAUSE REPURCHASE/REPRINTS: AT THE OPTION OF OFFICE OF PUBLIC HEALTH AND WITH THE CONTRACTOR'S ACCEPTANCE, REPRINTS MAY BE PURCHASED DURING THE ONE YEAR PERIOD FOLLOWING ISSUANCE OF THE PURCHASE ORDER. THE ORIGINAL PURCHASE PRICE WOULD APPLY. ALL TERMS AND CONDITIONS OF THE ORIGINAL ORDER	35	M		

PRICE SHEET		INVITATION TO BID			
NUMBER : 2203276 OPEN DATE : 10/18/05 TIME: 10:00 AM T-NUMBER :		BIDDER:			PAGE 12
LINE NO.	COMMODITY/SERVICE DESCRIPTION	QUANTITY FROM/TO	UNIT	UNIT PRICE	EXTENDED TOTAL
	WILL APPLY TO ALL REPRINTS. *****				

LABORATORY REQUEST AND REPORT FORM

Print Legibly

FOR STATE LABORATORY USE ONLY

Last Name _____ First _____
 Address _____ Parish _____
 City _____ State _____ Zip code _____
 Patient ID # _____ Hospital ID # _____

Lab#/Date Received _____ Sex _____ Race _____
 Date of Birth ____/____/____ Time of Birth ____:____ am pm (circle one)
 Date Collected ____/____/____ Time Collected ____:____ am pm (circle one)
 Mother's Last Name _____ Mother's First Name _____ MI _____
 Mother's SS # _____ Mother's Telephone # _____ Mother's Age _____
 Or Contact # _____
 Pregnancy: Premature _____ Full Term _____ Birth Weight _____ grams
 Gestational Age _____ weeks TPN _____ Yes _____ No
 Multiple Birth _____ Yes _____ No Infant Blood Transfusion _____ Yes _____ No
 Hospital of Birth _____ If yes, please give date _____
 *Primary Care Physician _____ Primary Care Physician Phone # _____
 *Sender please provide a copy of analytical results to the above named primary care physician.
 Sender Name _____ Sender Code _____
 Address _____ Phone Number _____
 City, State, Zip Code (14) _____

Check Test(s) Requested
☐ Full Screen ☐ Repeat screen due to abnormal result(s) or unsatisfactory specimen

Caution: Please Read Information on Back of Form Before Collecting Specimen
 Note: Please give the parent/guardian the blue copy and keep the yellow copy for your chart.

S&S 903® LOT # W-011 2003 B MAIL FORM(S) DAILY 809221
 LABORATORY

SEE BACK FOR DIRECTIONS ON THE PROPER COLLECTION OF THE SPECIMEN - BE ASSURED TO ONE SPECIMEN ONLY IN ONE APPLICATION UNTIL CIRCLE IS COMPLETELY SATURATED. DO NOT DETACH SPECIMEN (PASTE PAPER) FROM FORM

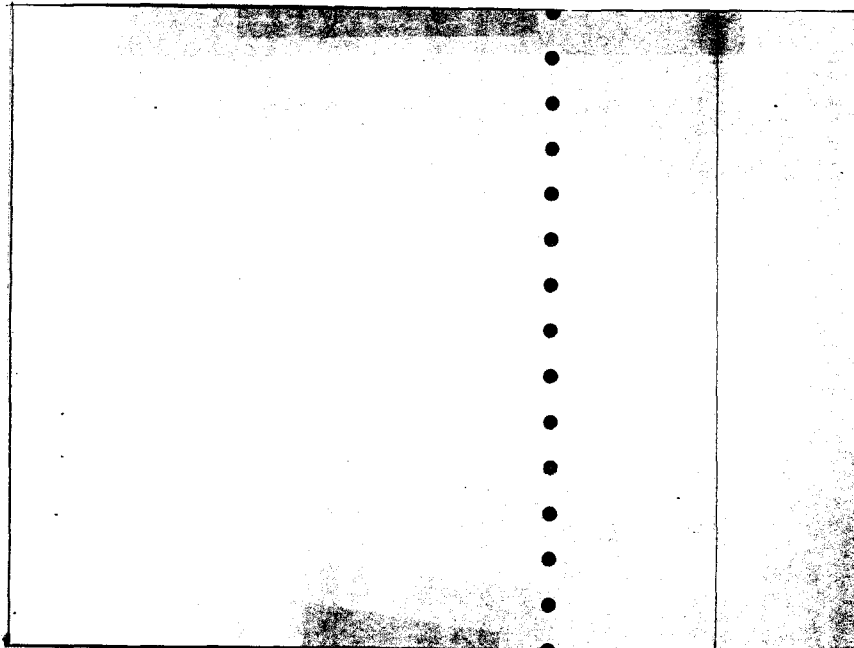
809220

PARTS 1-4

FRONT PART 5

S&S 903® LOT # W-011

BACK PART 5



FRONT PART 6

BLOODSPOT SUBMISSIONS	
CONTELLAR/LIPS	OVERNIGHT A COURIER SERV.
<p>Equipment:</p> <ol style="list-style-type: none"> 1. Sterile swabs 2. Alcohol pads 3. 2.5mm Lancet (type 3 test) 4. Lab 10 Form <p>Patient Prep:</p> <ol style="list-style-type: none"> 1. Warm site (if practical) 2. Massage leg 3. Place leg lower than heart (this is critical) <p>Specimen Collection:</p> <p>Wear Gloves:</p> <ol style="list-style-type: none"> 1. Stick the medial or lateral quarter of the infant's heel in one quick deliberate motion. 2. Wipe away the first drop of blood with sterile swab. 3. Let the blood form a large drop. Gently apply the filter paper against the blood and, in one step allow a sufficient quantity of blood to soak through to completely fill the preprinted circle. 4. Blood must be applied to only one side of the filter paper and the circle area must be fully saturated through both sides. 5. Fill 4 circles with blood. Do not layer successive drops of blood or apply blood more than once in the same circle. 6. Do not touch or smear the blood spots. 7. Allow the blood spots to air dry off the table or counter at least 3 hours. Do not let specimen come in contact with any surfaces, direct heat or sunlight. 8. Mail the form in as soon as possible after the blood spots are dried. Specimens must reach the laboratory within 10 days of collection. 9. If multiple forms are submitted on the same patient, please STACK them together. <p>Things that should not be done:</p> <ol style="list-style-type: none"> 1. Remove the filter paper before circle is completely saturated. 2. Touch filter paper with bare or gloved hands before or after specimen is collected. 3. Spread blood on circle with capillary tube or other device. 4. Mail specimen before it is completely dry. 5. Apply excess blood or apply blood on both sides of the circle. 6. Squeeze or "pump" puncture area. 7. Rub to wipe blood on area before skin is punctured. 8. Allow the filter paper to come in contact with any liquid before or after specimen is collected. 9. Touch the same circle to blood more than one time. <p>Note: Specimens will be rejected if:</p> <ol style="list-style-type: none"> 1. Quantity insufficient. 2. Specimen appears smeared or abraded. 3. Specimen appears over-saturated. 4. Specimen not dried. 5. Specimen appears bloody, discolored or contaminated. 6. Specimen is not mailed. 	<p>Central Laboratory 200 Loyola Ave New Orleans, Louisiana 70112 PH - (504) 588-5371</p> <p>Genetic Diseases Program Box 620 P.O. Box 60830 New Orleans, Louisiana 70166-0830 PH - (504) 588-5070</p> <p>State Regional Program 504/588-5070</p> <p>Note: Please return this form to the Genetic Diseases Program at 504/588-5070.</p>

BACK PART 6